

NATO STANDARD

AMedP-8.15

**REQUIREMENT FOR TRAINING IN
CASUALTY CARE AND BASIC HYGIENE
FOR ALL MILITARY PERSONNEL**

**Edition A Version 1
JULY 2017**



NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

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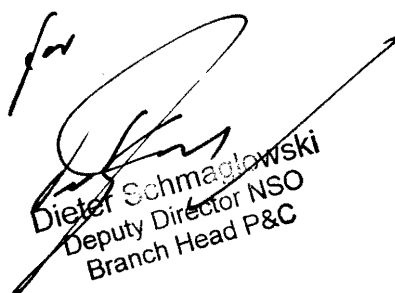
NORTH ATLANTIC TREATY ORGANIZATION (NATO)

NATO STANDARDIZATION OFFICE (NSO)

NATO LETTER OF PROMULGATION

10 July 2017

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CHAPTER 1 INTRODUCTION

1.1 AIM

The aim of this agreement is to standardize the training requirement for Casualty Care and Basic Hygiene for all military personnel within the NATO Forces.

1.2 METHODS OF TRAINING

1. Training should be current practice-centred, based on the rules of the effective adult learning, provided as:
 - a. Knowledge-centred lectures by qualified personnel that preferably is experienced in operational medicine, in accordance with internationally accepted concepts and nationally defined scopes of practice
 - b. Demonstrations, skill practices and simulations, as well as
 - c. Repeated practical exercises as the main part of the training
2. Training will be followed by the assessment of practical skills on a regular basis (suggested every two years).

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CHAPTER 2 GENERAL

2.1 GENERAL

The knowledge and skills described in AMedP-8.15 should have been acquired and re-assessed before personnel are deployed abroad

2.2 POTENTIAL PARTICIPANTS

All deployable personnel.

2.3 CONTENT

Module 1. Casualty Care

Module 2. Basic Hygiene

2.4 DURATION

At national discretion.

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CHAPTER 3 TRAINING MODULES

3.1 MODULE 1: CASUALTY CARE

3.1.1 PURPOSE

To enable all military personnel understand and provide care under the restrictions posed by the tactical situation.

3.1.2 OBJECTIVES

The participants should be able to:

1. differentiate between non-permissive (under effective enemy fire), semi-permissive (not under fire, but still unsafe) and permissive (safe) environments
2. adapt assessment and treatment accordingly, as follows:
 - a. non-permissive environment:
 - (1) Protect self, scene and survivors within national rules of engagement
 - (2) Direct casualty to move to cover and apply self-aid if able
 - (3) Stop life-threatening external haemorrhage by using a tourniquet if tactically feasible
 - (4) Place an unconscious casualty in the recovery position
 - b. semi-permissive environment:
 - (1) Be prepared to revert to the measures described under 3.1.2.2.a if the tactical situation deteriorates
 - (2) Immediately disarm casualties who are suspected to have an altered mental status
 - (3) Perform Primary Survey
 - (a) stop life-threatening external haemorrhage by using a tourniquet and/or other appropriate means
 - (b) assess and open the airway
 - (c) ONLY IF TACTICALLY FEASIBLE; protect cervical spine if suspected injury (blunt trauma)
 - (d) apply a dressing on all open and/or sucking chest wounds

- (e) control other sources of external haemorrhage
- (f) reassess previously applied tourniquets
- (g) assess for shock
- (h) assess level of consciousness and limb movement
- (i) prevent hypothermia/hyperthermia
- (j) provide psychological support (explain and reassure)
- (4) Perform Secondary Survey, ONLY IF TACTICALLY FEASIBLE; restricting examination and measures to mainly major wounds, fractures, eye injuries and burns
- (5) Position casualty
- (6) Document findings and treatment
- (7) Organise and prepare for evacuation
- (8) Continue observation and care of the casualty
- (9) Correctly perform handover to medical personnel
- c. permissive environment:
 - (1) Immediately disarm patients who are suspected to have an altered mental status
 - (2) Perform Primary Survey
 - (a) as described under 3.1.2.2.b.
 - (b) including assessment for and treatment of cardiac arrest
 - (3) Perform Secondary Survey
 - (a) as described under 3.1.2.2.b.
 - (b) without restrictions (as a full head-to toe examination)
 - (4) Position casualty
 - (5) Document findings and treatment
 - (6) Organise and prepare for evacuation
 - (a) as described under 3.1.2.2.b.

- (7) Continue observation and care of the casualty
- (8) Correctly perform handover to medical personnel

3.2 MODULE 2: BASIC HYGIENE

3.2.1 PURPOSE

To enable all military personnel to understand the importance of basic hygiene and prevention of disease and non-battle injury as force multipliers, in addition to enabling health threat surveillance by appropriate measures.

3.2.2 PREREQUISITE

None

3.2.3 DURATION

At national discretion

3.2.4 OBJECTIVES

All participants should be able to prevent disease by maintaining personal hygiene

- a. bathing or showering daily, if possible:
 - (1) performing sponge bath, alternatively
 - (2) taking care to dry the skin after bathing; armpits, groins and feet (between toes) in particular
 - (3) powdering these areas, if sweaty
 - (4) using non-scented skin products
 - (5) brushing teeth daily
 - (6) keeping hair washed and untangled, preferably short if possible
 - (7) keeping nails short and cut across
 - (8) changing clothes, underwear and socks daily, if possible
 - (9) using appropriate, loosely fitting and non-chafing clothes; underwear and socks in particular
 - (10) using properly fitting footwear

- (11) using male and/or female condoms (including oral and anal, as required) in the advised fashion, in all sexual contacts outside a stable, monogamous relationship
- (12) female members: choosing appropriate sanitary napkins / tampons and keeping these dry and uncontaminated
- b. dispose of human and other waste in an appropriate way
- c. prevent disease by taking precautionary measures
 - (1) washing hands before and after handling of food or waste, if possible
 - (2) wearing good quality sunglasses and/or goggles
 - (3) keeping eyes (especially in contact lens wearers) moist
 - (4) keeping the head covered
 - (5) using sunblock
 - (6) maintaining hydration
 - (7) using only well known (ideally: prescribed) medications
 - (8) maintaining physical fitness through balanced nutrition, exercise and rest, if possible
- d. prevent injuries
 - (1) assessing all situations for safety considerations
 - (2) correcting potential hazards, if possible
 - (3) using appropriate clothing, equipment and techniques
- e. recognize early symptoms of disease and seek help

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